

NOV 16 2006

FAX TRANSMISSION

DATE: 11/16/06

PTO IDENTIFIER: Application Number 09/697,024-Conf. #3438

Patent Number

Inventor: John B. CONSTANTINE et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

PHONE: (212) 230-8800

Attorney Dkt. #: 0026119.0136EUS1

PAGES (Including Cover Sheet): 12

CONTENTS:

Fee Transmittal (1 page)
Notice of Appeal (1 page)
Pre-Appeal Brief Request for Review (1 page)
Pre-Appeal Brief (5 pages)
Transmittal (1 page)
Extension of Time Request (1 page)
Fax cover sheet and Certificate of Facsimile Transmission (2 pages)
Charge \$1,070.00 to deposit account 08-0219

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 230-8800 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

WILMER CUTLER PICKERING HALE AND DORR LLP
399 Park Avenue, New York, New York 10022
Telephone: (212) 230-8800 Facsimile: (212) 230-8888

**RECEIVED
CENTRAL FAX CENTER****NOV 16 2006**

PTO/SB/87 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/697,024

Attorney Docket No.: 0026119.0136EUS1

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on

11/16/06

Date


Signature

Irrah H. Donner

Typed or printed name of person signing Certificate

35.120

Registration Number, if applicable

(212) 230-8800

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Notice of Appeal (1 page)

Pre-Appeal Brief Request for Review (1 page)

Pre-Appeal Brief (5 pages)

Transmittal (1 page)

Extension of Time Request (1 page)

Fax cover sheet and Certificate of Facsimile Transmission (2 pages)

**RECEIVED
CENTRAL FAX CENTER**

NOV 16 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1986, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/04/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	09/697,024-Conf. #3438
		Filing Date	October 25, 2000
		First Named Inventor	John B. CONSTANTINE
		Examiner Name	J. A. Fischetti
		Art Unit	3627
TOTAL AMOUNT OF PAYMENT	(\$)	1,070.00	Attorney Docket No.
0026119.0136EUS1			

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 200 100							
Multiple dependent claims _____ 360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
_____	_____	_____	_____	Fee (\$)	Fee Paid (\$)	_____	
HP = highest number of total claims paid for, if greater than 20. _____							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____			
_____	_____	_____	_____	_____			
HP = highest number of independent claims paid for, if greater than 3 _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extr. Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	100	/50 (round up to a whole number) x _____		_____	_____	= _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____ 570.00							
Other (e.g., late filing surcharge): 1252 Extension of time (3 mos. - 2 mos.) _____ 500.00							
1401 Notice of appeal _____							

SUBMITTED BY	
Signature	<i>Ivan H. Donner</i>
Registration No. (Attorney/Agent)	35,120
Telephone	(212) 230-8800
Name (Print/Type)	Ivan H. Donner
Date	11/16/06

I hereby certify that this paper (along with any paper referred to as being attached hereto or thereto) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: 11/16/06Signature: *Ivan H. Donner* (Ivan H. Donner)

**RECEIVED
CENTRAL FAX CENTER**

NOV 16 2006

PTO/SB/21 (08-06)

Approved for use through 03/31/2007, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

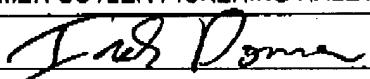
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/697,024-Conf. #3438
		Filing Date	October 25, 2000
		First Named Inventor	John B. CONSTANTINE
		Art Unit	3627
		Examiner Name	J. A. Fischetti
Total Number of Pages in This Submission	12	Attorney Docket Number	0026119.0136EUS1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Pre-Appeal Brief Request for Review, Pre-Appeal Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Fax cover sheet and Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Irah H. Donner		
Date	11/16/06	Reg. No.	35,120

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (317) 273-6300, on the date shown below.

Dated: 11/16/06 Signature: Irah H. Donner (Irah H. Donner)